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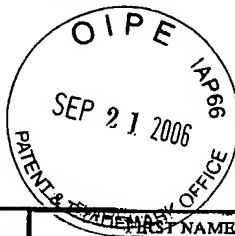
HOWREY LLP  
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Vicky Nicholson (Depositor's name)  
 Vicki Nicholson (Signature)  
 September 21, 2006 (Date)



APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10619,921	07/15/2003	John Conan Doyle II	13544.0002.NPUS00	7148

TITLE OF INVENTION: SYSTEM AND METHOD FOR MEASURING ANIMALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/23/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SMITH, KIMBERLY S	3644	119-518000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 \_\_\_\_\_

2 HOWREY LLP

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form IS NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Rexford A. Johnson*

Date 09/21/06

Typed or printed name Rexford A. Johnson

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PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033

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**FACSIMILE COVER SHEET****DATE:** September 21, 2006

**TO:** **NAME:** Mail Stop ISSUE FEE  
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**FAX NUMBER:** 571.273.2885 **PHONE NUMBER:** \_\_\_\_\_  
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**NUMBER OF PAGES, INCLUDING COVER:** 2 **CHARGE NUMBER:** 13544.0002.NPUS00

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